Form 3160-5
(November 1983)
/Formerly Q=331;

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UNITED STATES DEPARTMENT OF THE INTERIOR Verse side

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TOTH approve	
Budget Bureau No.	1004-0135
Expires August 31,	

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SF 079365A

 BUREAU OF	 MANAGEME	
 Y NOTICES		

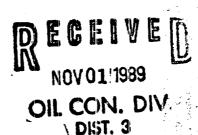
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)	
	7. UNIT AGREEMENT NAME
OIL GAS WELL WELL X OTHER	Rincon Unit
2. NAME OF OPERATOR	8. FARM OR LHASE NAME
Union Oil Company of California (dba Unocal)	Rincon Unit
3. ADDRESS OF OPERATOR	9. WBLL NO.
P.O. Box 850, Bloomfield, New Mexico 87413	#242
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)	10. FIELD AND POOL, OR WILDCAT
At surface	Basin-Fruitland Coal
790' FSL & 1810' FWL (SE SW)	11. SEC., T., E., M., OR BLE. AND SURVEY OR ARMA
	Sec. 23, T27N, R6W
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 18. STATE
6610' GR	Rio Arriba New Mexico

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOT	ICE OF	INTENTION TO:		80B	SEQUE	NT REPORT	OF:	
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF			REPAIRING WE	LL
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		;	ALTERING CASI	NG
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING			ABANDON MENT	
REPAIR WELL		CHANGE PLANS		(Other) Request				
(Other)			<u></u>	(Note: Report res Completion or Reco	ults o	f multiple tion Report	completion on and Log form.	Well

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones pertinent to this work.) *

Well was completed 9/14/89 - clean out started 9/15/89 and due to mechanical problem, continued until 9/21/89. An additional 20 day test period is requested so well can be economically proven either as a flowing gas well or whether compression will be necessary to produce this well.



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SIGNED SIGNED	Field Superintender	nt DATE	10/10/89
(This space for Federal or State office use)			
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	APPH	O FOR RECORD
CV/s1	DOCMM		gag 1989
·	*Confinencials on Povemo Side	FARMINGTO	N PEROURLE LEZA